

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: CLASP-2 TRANSMEMBRANE PROTEINS the specification of which is attached hereto.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

	Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
L				
im the	benefit under Title	35, United States Code § 119	(e) of any United States	provisional application(s) li
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
		application No.	Filing D	Date
	<u>-</u>	рричини		
	<u> </u>			

PET international filing date of this application:

Application No. Date of Filing Status

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Andrew T. Serafini, Reg. No. 41,303 William M. Smith, Reg. No. 30,223 Randolph T. Apple, Reg. No. 36,429

Send Correspondence to:	Direct Telephone Calls to:	
Andrew T. Serafini, Ph.D.	(Name, Reg. No., Telephone No.)	
TOWNSEND and TOWNSEND and CREW LLP	Name:	Andrew T. Serafini, Ph.D.
Two Embarcadero Center, 8th Floor	Reg. No.:	41,303
San Francisco, California 94111-3834	Telephone:	650-326-2400

Full Name of Inventor 1:	Last Name:	First Name: PETER	Middle Name or Initial:	
Residence & Citizenship:	City: Sunnyvale	State/Foreign Country:	Country of Citizenship: United States	
Post Office Address:	Post Office Address: 772 Lucerne Drive	City: Sunnyvale	State/Country:	Postal Code: 94086

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1
Peter S. Lu
Date